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Signature: Tina M. Fluaharty (Tina M. Fluaharty)

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Substitute for form 1449/PTO				<b>Complete if Known</b> Application Number 10/527,703 Filing Date October 13, 2005 First Named Inventor Motoo SUMIDA Art Unit 1657 Examiner Name H. J. Lilling Attorney Docket Number 047237-0528-00-US-216939	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>					
Sheet	2	of	2		

[illegible]

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.